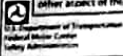


Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Project unless a Federal agency displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2124-0086. Public reporting burden for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Project, Federal Motor Carrier Safety Administration, MC-90A, 1200 New Jersey Avenue SE, Washington, D.C. 20590.



Medical Examiner's Certificate

(For Commercial Driver Medical Examination)

I certify that I have examined: Last Name: Gause First Name: Paul in accordance with (please check only one)
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.63) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

10/19/2019

Medical Examiner's Signature

Paul Gause
 Medical Examiner's Name (please print or type)
 Gause, Paul

Medical Examiner's State License, Certificate, or Registration Number
 C0002381

Medical Examiner's Telephone Number

(410)247-9595

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State
 MD

Date Certificate Signed

10/19/2017

National Registry Number
 7223698406

Driver's Signature

Paul Gause
 Driver's Address

Street Address: 2228 Penrose Ave

City: Baltimore

Driver's License Number

G-200-680-001

Issuing State/Province

MD

CLP/CDL Applicant/Holder

Zip Code: 21223 ☒ Yes ☐ No

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